

RE: NO. WPCOB-0083

To Whom It May Concern & General Counsel,

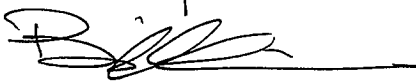
I AM WRITING THIS LETTER AS A LAND OWNER IN CHALFORD HILLS SUBDIVISION LOT 15. IT HAS CAME TO MY ATTENTION THAT THERE WAS STORM WATER DRAIN ISSUES DUE TO IN PORTION TO MY LOT 15. I WOULD LIKE TO LET YOU KNOW THAT I HAVE REMEDIED THIS SITUATION WITH THE FOLLOWING MEASURES.

1. COPY OF NO. SENT TO STATE, DENISE LONGER
2. TRACKING # TNRI42708 SHOWING PROOF OF NOTICE OF COVERAGE FROM THE STATE
3. PICTURES OF THE REMEDY OF STORM WATER RUN OFF INTO THE STREET. WE HAVE PUT UP MUCH SILT FENCING IN ORDER TO COMPLETELY REMEDY ALL STORM WATER RUN OFF FROM LOT 15.

I BELIEVE THIS IS EVERYTHING THAT SHOULD HAVE BEEN DONE TO BEGIN WITH. I AM SORRY FOR THIS INCONVENIENCE AND HAD I BEEN AWARE OF THIS UPON PURCHASE WE WOULD HAVE DONE AT THAT POINT.

MY REQUEST IS FOR THIS TO BE DISMISSED DUE TO ALL ITEMS BEING COMPLETED. PLEASE LET ME KNOW IF THERE IS ANYTHING ELSE I NEED TO DO.

Sincerely,

  
Bob Wilson

615-473-1786 or 615-553-5419

DEPT OF ENVIRONMENT AND CONSERVATION  
OFFICE OF GENERAL COUNSEL

APR 24 2008

RECEIVED



Department of Environment and Conservation  
Division of Water Pollution Control

CONSTRUCTION ACTIVITY - STORM WATER DISCHARGES  
NOTICE OF INTENT (NOI)

Site Name: <u>CHALFORD PLACE / HILL</u>		Existing Tracking No. <u>15</u>	
Street Address or Location: <u>CHALFORD PLACE</u>		Start date: <u>3/31/2008</u>	Estimated end date: <u>TBD</u>
Site Description: <u>SLOPED</u>		Latitude:	Longitude:
County(ies): <u>WILSON</u>		Acres Disturbed:	
Does a topographic map show dotted or solid blue lines <input type="checkbox"/> and/or wetlands <input type="checkbox"/> on or adjacent to the construction site? If wetlands are located on-site and may be impacted, attach wetlands delineation report. If an Aquatic Resource Alteration Permit has been obtained for this site, what is the permit number? <u>ARAP permit No.:</u>			
Receiving waters:			
Attach the SWPPP with the NOI <input type="checkbox"/> SWPPP Attached		Attach a site location map <input type="checkbox"/> Map Attached	
Site Owner/Developer: (person, company, or legal entity that has operational or design control over construction plans and specifications)			
Site Owner/Developer Contact: (individual responsible for site) <u>BEN WILSON</u>		Title or Position: <u>OWNER</u>	
Mailing Address: <u>181 DUE WEST DR</u>		City: <u>MT. JULIET</u>	State: <u>TN</u>
Phone: <u>(615) 473-1786</u>		Zip: <u>37122</u>	
E-mail: <u>BEN@TEAMWILSONTN.COM</u>			
Optional Contact:		Title or Position:	
Address:		City:	State:
Phone: ( )		Zip:	
E-mail:			
Owner/Developer Certification (must be signed by president, vice-president or equivalent, or ranking elected official)			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			
Owner/Developer name, print or type <u>BEN WILSON</u>		Signature <u>[Signature]</u>	Date <u>4/2/2008</u>
Contractor(s) Certification (must be signed by president, vice-president or equivalent, or ranking elected official)			
I certify under penalty of law that I have reviewed this document, any attachments, and the SWPPP referenced above. Based on my inquiry of the construction site owner/developer identified above, and/or my inquiry of the person directly responsible for assembling this NOI, I believe the information submitted is accurate. I am aware that this NOI, if approved, makes the above-described construction activity subject to NPDES permit number TNR100000, and that certain of my activities on-site are thereby regulated. I am aware that there are significant penalties, including the possibility of fine and imprisonment for knowing violations, and for failure to comply with these permit requirements.			
Primary contractor name and address; print or type <u>STILL WATER CONSTRUCTION</u>		Signature <u>ANTHONY MITCHELL</u>	Date
Other contractor name and address; print or type		Signature <u>BY BEN WILSON</u>	Date
Other contractor name and address; print or type		Signature	Date
OFFICIAL STATE USE ONLY			
Received Date	Reviewer	Field Office	Permit Number
			<u>TNR</u>
Fee(s)	T & E Aquatic Fauna	Impaired Receiving Stream	High Quality Water
			Notice of Coverage Date

